## South Carolina Department of Health and Human Services Working Disabled (WD) Worksheet

Primary Individual:	First		Middle		Last			Household Number		BG Number	
		Application	L oplication □Re		eview						
Budget Group (BG) Name DOB			Relationship		Marital Status		Non-Financial Criteria Met (Yes or No)		Social Security Number		
Section I: Individual's Countable Resources					Section II: Burial Assets Exclusion Computation						
1. Vehicles			\$		1. Det				s Exclusion		•
2. Life Insurance	Э		\$		\$		1A. I	Maximum E	urial Assets	Exclusion	Limit
3. Cash on Hand			\$		\$ 1B. Offset (Subtract value of Irrevocable burial arrangements						
4.Checking Account(s)			\$		\$				ssets Exclus	ion Limit (	A-C)
5. Savings Account (s)			\$							,	,
6. Stocks or Bonds			\$		2. Determine Excluded and countable Burial Assets					i	
7. Trust Accoun	nt		\$		\$						Revocable burial r designated assets.
8. Pre-Need Bu	rial Contract (Revoc	cable)	\$		\$				ssets Exclus		
9. Real Property			\$		\$ 2C. Excluded Burial Assets (If 2A equals or exceeds 2B, 2 is the amount of excluded burial assets. If 2A is less the 2B, 2A is the amount of excluded burial assets.						
10. Other			\$		The 20	C amour			ed on Line 12		
	Resources Subtotal		\$		1	o amour	01100	50 0	04 011 2.110 11	_,	
12. Less Burial Exclusions (Section II Line 2C)			\$								
13. Total Countable Resources (11-12)			\$								
If the total co	ountable resource va	alue is greater									
Step I: Family I					Ston	l: Einal l	ln divid	hual Unaar	ned Income	Toct	
	ily's Unearned Inco	nma .	Т	otals	Step i				ned Income	1691	Totals
		JIIIE	\$	Otais	1 Indi			ned Income			\$
Gross Unearned Income     General SSI Disregard (\$20.00)		\$					gard (\$20.0			\$   \$	
3. Subtotal (1-2)		\$					nearned In			\$	
Family's Gross Earned Income		Ψ					eral Povert			\$	
4. Gross Earned			\$		7.1400	200 (100	70 1 Cu	CIGIT OVCIL	y Lovoi)		Ψ
	ne Tax Credit Payme	ente	\$		1		Fliai	hility Dete	rmination Bu	Idaet Sum	marv
	egular Earned Incon		\$		BG S	Size	100	% of Feder			ble Unearned
	arned Income of a B	Blind or	\$		If	Level:   Income:\$  If the total countable unearned income exceeds the 100% FPL the individual is not eligible for the Working Disabled Program.					
S. General SSI Disregard Not Used in Line 2		\$		+	Case Disposition				ou i rogiani.		
9. Earned Income Disregard (\$65.00)			\$		1	· ·					roved
10. Impairment-Related Work Expensed			\$		Effective Month of Eligibility ☐ Approved ☐ Denied						
11. Disregard Subtotals (5+6+7+8+9+10)			\$		11					☐ Clos	
12. Earned Income Subtotal (4-11)			\$		Rem	arks				0.00	<del></del>
	the amount in Line	12	\$		1						
	ble Family Income	16	\$		11						
		ovol)			1	Eli-	ibil:4.	Montrout-	Cianot	Г	Data
	(250% of Poverty L		\$ 	la /l :	-	EIIG	JIDIIITY	Worker's	oignature		Date
IT LINE 14 IS 6	equal to or greate	er tnan tne t	otai need	ıs (Line	Ī						

15), the applicant/beneficiary is ineligible.

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Family Members Living at Home	Gross Monthly Unearned Income	Gross Monthly Earned Income
1. (Applicant)	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
9.	\$	\$
10	\$	\$
Totals (1 through 10)	\$	\$